



ADMINISTRATIVE OFFICES
301 E 4th Street • Cincinnati, OH 45202-4201
513.369.5000
www.GreatAmericanInsurance.com

GAI 2430 (Ed. 08 05)

Policy No. OMH 1543942 00
Renewal Of

MARINE COMPOSITE POLICY DECLARATIONS

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| NAMED INSURED AND ADDRESS: BRIDGEVIEW MARINA, INC. P.O. BOX 10400 RENO, NV 89510-0400 | POLICY PERIOD: 12:01 A.M. Standard Time at the address of the Named Insured shown at left. From 05/30/2014 To 05/30/2015 |
| IN RETURN FOR PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY. | AGENT'S NAME AND ADDRESS: WELLS FARGO INS SVCS USA INC 601 UNION ST STE 1300 SEATTLE, WA 98101 - 1363 |

Insurance is afforded by company indicated below:
(A capital stock corporation)

Great American Insurance Company of New York

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| POLICY SECTIONS I. BOAT DEALER'S COVERAGE FORM II. MARINA OPERATOR'S LEGAL LIABILITY COVERAGE FORM III. MARINE COMMERCIAL LIABILITY COVERAGE FORM IV. PROTECTION & INDEMNITY COVERAGE FORM V. OWNED WATERCRAFT COVERAGE FORM VI. OWNED EQUIPMENT COVERAGE FORM VII. MARINE COMPOSITE POLICY GENERAL EXCLUSIONS VIII. MARINE COMPOSITE POLICY GENERAL CONDITIONS IX. ADDITIONAL COVERAGE FORMS AND ENDORSEMENTS TOTAL POLICY PREMIUM: \$ 2,750.00 |
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SUBJECT TO CONDITIONS OF FORMS ATTACHED:

Subject to the Schedule of Coverages on the following pages of this Declarations, and the terms and conditions of the Coverage Forms and Endorsements attached hereto. In the event that any of the clauses contained in Section VII. General Policy Exclusions or Section VIII. General Policy Conditions attached hereto are in conflict with the specific clauses contained in the Coverage Forms and Endorsements attached hereto, the specific clauses contained in the Coverage Form or Endorsement shall take precedence and be applicable.

SCHEDULE OF COVERED PREMISES:1 1805 THOMPSON DR.
BREMERTON, WA 98337

| COVERAGE SECTION | DEDUCTIBLE AMOUNT | LIMIT OF LIABILITY | PREMIUM |
|--|----------------------|-----------------------|--------------------------|
| I. BOAT DEALER'S COVERAGE | | | \$ Not Covered |
| A. ANY ONE COVERED PREMISES | | \$ Not Covered | |
| B. ANY ONE ACCIDENT OR OCCURRENCE | \$ Not Covered | Not Covered | |
| REPORTING | | at | |
| | DEDUCTIBLE AMOUNT | LIMIT OF LIABILITY | PREMIUM |
| II. MARINA OPERATOR'S LEGAL LIABILITY COVERAGE | | | \$ 2,000.00 |
| A. ANY ONE ACCIDENT OR OCCURRENCE | \$ 2,500 | \$ 1,000,000 | |
| SALES, ADJUSTABLE | FLAT | at | RATE PER \$100 AGREED |
| RECEIPTS, ADJUSTABLE | FLAT | at | AGREED |
| a. DOCKAGE, MOORAGE, NON-RACK OUTSIDE STORAGE | | | AGREED |
| b. REPAIRS | | | AGREED |
| c. FUELING | | | AGREED |
| d. HAULING/LAUNCHING | | | AGREED |
| e. RACK STORAGE, INSIDE STORAGE | | | AGREED |
| f. BOAT RENTALS | | | AGREED |
| g. OTHER | | | AGREED |
| | DEDUCTIBLE AMOUNT | LIMIT OF LIABILITY | PREMIUM |
| III. MARINE COMMERCIAL LIABILITY COVERAGE | \$ 2,500 | | \$ INCLUDED |
| A. GENERAL AGGREGATE LIMIT(OTHER THAN PRODUCTS/COMP OPS) | | \$ 2,000,000 | |
| B. PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT | | \$ 1,000,000 | |
| C. PERSONAL AND ADVERTISING INJURY LIMIT | | \$ 1,000,000 | |
| D. EACH OCCURRENCE LIMIT | | \$ 1,000,000 | |
| E. DAMAGE TO PREMISES RENTED TO YOU LIMIT | | \$ 100,000 | |
| F. MEDICAL EXPENSE LIMIT | | \$ 10,000 | |

| | DEDUCTIBLE AMOUNT | LIMIT OF LIABILITY | PREMIUM |
|--|-----------------------|-----------------------|----------------|
| IV. PROTECTION & INDEMNITY COVERAGE | | | |
| A. ANY ONE ACCIDENT OR OCCURRENCE | \$ 2,500 | \$ 1,000,000 | \$ 500.00 |
| | DEDUCTIBLE AMOUNT | LIMIT OF LIABILITY | PREMIUM |
| V. OWNED WATERCRAFT COVERAGE | | | |
| | \$ Not Covered | \$ Not Covered | \$ Not Covered |
| | DEDUCTIBLE AMOUNT | LIMIT OF LIABILITY | PREMIUM |
| VI. OWNED EQUIPMENT COVERAGE | | | |
| | \$ Not Covered | \$ Not Covered | \$ Not Covered |
| | DEDUCTIBLE AMOUNT | LIMIT OF LIABILITY | PREMIUM |
| IX. ADDITIONAL COVERAGE FORMS & ENDORSEMENTS | | | |
| | AS PER FORMS ATTACHED | | \$ 250.00 |
| | GRAND TOTAL | | \$ 2,750.00 |

SCHEDULE OF ADDITIONAL COVERAGE FORMS AND ENDORSEMENTS - SECTION IX:

Stop Gap Employers' Liability Coverage Form